

Lesson 3.19

Oral Medication Administration

Terminal Objective:

3.19 Prepare and administer oral medications.

Enabling Objectives:

3.19.01 Define the terms for oral medication administration.

3.19.02 List patient safety, privacy, education, and comfort considerations when administering oral medications.

3.19.03 List guidelines for administering oral medications.

3.19.04 List documentation requirements for oral medication administration.

3.19.05 Administer oral medications from floor stock.

3.19.06 Administer oral medications from the unit dose cart.

MEDICATION TERMS

Terminology for medication administration may introduce some terms that are new. Accurate medication administration requires that corpsmen know these terms. The most common route for medication administration is oral. Familiarize yourself with the following terms used when giving oral medications:

Buccal -- drug administration route that involves placing the medication in the mouth against the mucous membranes on the inside of the cheek.

Oral medications -- drugs that are either swallowed, or instilled through a tube leading to the stomach.

Medication Administration Record (MAR) -- form used to schedule and document drug administration.

Floor stock system -- quantity of frequently prescribed drugs maintained on the ward.

Sublingual -- drug administration route that involves placing the medication under the tongue.

Suspension -- mixture of undissolved particles in a liquid.

Unit Dose System -- 24-hour supply of a medication, with each dose labeled and packaged separately from the others.

Meniscus -- crescent shaped structure appearing at the surface of a liquid.

Enteric coating -- covering placed on tablets which delays absorption until the tablet has passed through the stomach into the intestine. Used to reduce gastric irritation.

EDUCATION, PRIVACY, SAFETY, AND COMFORT

Explain the procedure to the patient, name the medication, ask if they have taken the medication previously and explain the purpose of this medication. Provide for the patient's privacy. Ensure safety and comfort by seeing that the bed wheels are locked and that the bed rail is up on the opposite side of the bed. Position the patient in Fowler's position (for comfort) unless contraindicated. Give the medication to the patient along with a glass of water. Stay with the patient during medication administration. Be sure the medicine has been swallowed. Observe for initial reactions to the medication. Discard the medicine cup, if used. Check on the patient in 15-30 minutes for delayed adverse reactions.

In order to safely administer a medication, follow the **“Five Rights”** of drug administration. All patients must get the 1) **right drug**, in the 2) **right dose**, by the 3) **right route**, at the 4) **right time**, making sure that you have the, 5) **right patient**.

Perform patient identification checks using the MAR: compare name on MAR to bed tag, ID bracelet, and the patient's stated name.

Maintain the patient's privacy by pulling the curtain or closing the room door. Provide for the patient's comfort by positioning the patient in the Fowler's position. If contraindicated, turn patient into side.

GUIDELINES FOR ADMINISTERING ORAL MEDICATIONS

At the beginning of each shift the medication corpsman will compare the Medication Administration Record (MAR)

NAVMED 6550/8 with the Patient Profile NAVMED 6550/12 for each patient. Any discrepancies are noted and reported to the nurse. Completeness of the medication order is checked before any drugs are given.

Ensure aseptic technique is used when administering medications. Wash your hands before beginning. Do not touch tablets or capsules, pour them into a medication cup.

Before giving any drug, the corpsman performs three medication checks. Using the phrase I need... (to indicate the dose you want to give), I have... (to show the actual dose you are holding), compare the information on the medication label to the MAR. Look to be sure that the name of the medication, the dose of the medication, the route for administration, and the expiration date of the medication label match the information on the MAR. These checks further ensure that the correct drug is being given.

When administering medications from floor stock perform the three medication checks. The first check is done as you locate the medication on the shelf in the medication cabinet. A second check is done as you remove the medication from the shelf. The third check is performed as you return the medication to the shelf.

Some medications are stored on the ward if they are used frequently. This is known as Floor Stock. Procedures for administering a medication from floor stock

The Unit Dose System uses two medication checks for pre-prepared medications. (In the unit dose system, one check has been done by the pharmacy, so you will perform two checks.)

Perform the **first** medication check by comparing the MAR and the medicine for the name of the medication, dosage, route of administration, and the expiration.

Prepare the medication after calculating the dosage necessary, then perform

the **second** medication check by comparing the MAR and the medication for the name of the medication, dosage, route, and time of administration.

When pouring a liquid medication from floor stock use these steps:

- a. Do NOT shake medication because it may cause air bubbles that will interfere with accurate measurement
 - b. Agitate medication if there is any precipitate
 - c. After removing cap, place on counter RIM UP to prevent contamination
 - d. Hold bottle with palm covering label to minimize soiling label
 - e. Place calibrated medication cup at eye level on a flat surface
 - f. If too much medication is poured, obtain a second cup and pour the correct amount from the first cup into the second cup. Discard first cup with excess medication
 - g. When measuring liquid medications there will be a meniscus. Use the lowest point of curvature to indicate the liquid level.
 - h. Clean top and sides of bottle screw threads with a paper wipe before replacing cap.
- If the medication is ordered to be administered by droplets, use these techniques:
- a. Count drops aloud when using a dropper
 - b. If dropper is curved hold it at a 45-degree angle
 - c. If the dropper is straight, hold it at a 90-degree angle
 - d. Do NOT turn the dropper upside down. Medication may flow into the bulb.

e. Do NOT use the last drop in a dropper. It may contain air.

Provide fresh water or juice to take with the medication. Fluids increase the rate of decomposition of tablets and absorption of the medication.

Do not touch pills or capsules during administration. (Occasionally, tablets may need to be divided to give a dose. This is an exception to the rule.)

Do **not** rush the patient.

Always supervise each patient during medication administration. **never** leave any medication at the patient's bedside or on the food tray to be taken later. For example, don't leave AC, PC, or sleeping medication for the patient to take later. The patients may forget to take the medication, it may be accidentally sent back to the kitchen on the food tray, the patient may hoard or discard the medication, or the medication may be stolen.

Place a recumbent patient in a supported position if possible. If not possible, turn the patient on his/her side.

If the patient feels nauseated, withhold the medication and report the nausea to the nurse. The patient may need to receive the medication by another route.

If a patient vomits within half an hour after taking a medication, notify the nurse. A decision will be made whether the dose should be repeated.

Enteric coated tablets delay decomposition of the drug until it reaches the intestines. To prevent a change in the absorption of enteric-coated tablets, do not give these pills with milk or antacids and do not crush them.

Never substitute a syrup or liquid form of a medication for a tablet or capsule without a Doctor's Order. Liquid is more completely absorbed, so the dose may need to be adjusted. (Syrups are often used instead of tablets or

capsules for disoriented patients, children, the elderly or anyone who has difficulty swallowing.)

When administering cough syrups with other medications, cough syrups should be given last.

Never give liquid medications to an unconscious, sleeping, or sedated patient.

Do **not** forcefully administer any medication. Notify the nurse if the patient refuses a medication.

Do **not** give medications that have been prepared by another patient. EVER!

Allow time to assist patients who require help with taking medications.

Omit giving a drug if the patient has symptoms suggesting an undesirable reaction to a previous administration of the drug. (For example, a patient who has received a narcotic and is hard to wake.)

Do not give a medication that the patient says is different than what he/she has been receiving. Be sure that a mistake has not been made.

Check the patient in 30 minutes for desired and undesired effects.

Unpleasant tasting medications may be disguised by following them with an orange slice, fruit juice, candy or sugarless gum. Dilute distasteful medication in fruit juice or chocolate milk. Ensure that any substance used is not contraindicated by the patient's condition or diet.

Large tablets can be crushed and mixed with liquids (ice cream, applesauce, etc.), EXCEPT ENTERIC COATED TABLETS.

RECORDING MEDICATIONS

Record the medication on the MAR. Check that the MAR is stamped with the patient's correct addressograph plate. Record a drug only when you have administered the medication. Document administration while still at the patient's bedside.

Locate the medication on the MAR. Routine medications are on the front of the MAR, single orders, pre-op medications and stat medication are on back, top portion of the MAR. PRN medications are on the bottom portion of the MAR.

Compare the unit dose package to the MAR for name of the medication, dosage, route, time and date of administration. Record by entering your initials in the appropriate square for date and hour square for routine medications. Enter the date, time and initials in the appropriate horizontal line for single order and pre-operative medications. For PRN, variable dose medications enter date, time, dose and initials vertically in the appropriate column.

Enter your initials, full signature and rate in the initial code section at the bottom of the MAR. This matches the person who has given a PRN medication with their initials in the PRN box used.

A Nursing Note is required when administering a PRN medication, a single dose order, a Pre-op medication or a stat medication. The note should include the time and date, route, medication and dosage, reason for giving the medication, patient's response, adverse reactions (if any), your signature and rate.